



17681 US PTO

Utility Patent Application Transmittal		Attorney Docket No.: AT-11 First Inventor: Agostino Tucciarone et al. Title: A Transverse Suspension Device Express Mail Label No.: ER164700785US	17497 U.S.P.T.O. 10182210 040804
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents, Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification - Total Pages <u>16</u> - Descriptive title of the invention - Cross Reference to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claims - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings – Total Sheet <u>9</u> 5. <input checked="" type="checkbox"/> Oath or Declaration – Total Pages <u>2</u> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) i. <input type="checkbox"/> Deletion of Inventors 6. <input checked="" type="checkbox"/> Application Data Sheet		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet/documents) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document 12. <input type="checkbox"/> Information Disclosure Statement (PTO-1449) 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(I) 17. <input type="checkbox"/> Other _____			
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: <u>PCT/GB03/01606</u> Prior application information: Examiner: _____ Group Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5B is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. Correspondence Address: <u>Customer Number 021394</u>			
Richard R. Batt Reg. 43,485		Date	
CERTIFICATE OF MAILING			
I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated below, Express Mail Label No. ER164700785US and is addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231			
Michelle Nicely		Date	

FEE TRANSMITTAL for FY 2004

[] Applicant claims small entity status. 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$942

Application No.: Unassigned

Filing Date: Herewith

First Named Inventor: Agostino Tucciarone et al.

Examiner Name: Unassigned

Group Art Unit: Unassigned

Attorney Docket No.: AT-11

FEE CALCULATION (continued)

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account No. 50-0359
ArthroCare Corporation

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) \$770					

2. [] EXTRA CLAIM FEES

Total Claims	18	- 20** =	0	x	=	0	Fee from below	Fee Paid
Independent Claims	5	- 3** =	2	x	=	172		
Multiple Dependent						0	=	0

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	86	2201	43	Independent claims in excess of 3				
1203	290	2203	145	Multiple dep. Claim				
1204	86	2204	43	**Reissue indp. over orig.				
1205	18	2205	9	**Reissue clms over 20				
SUBTOTAL (2) \$172								

***or number previously paid, if greater; For Reissues, see above*

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	650
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee: _____			

SUBTOTAL (3) \$0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY: _____

Richard Batt
Reg. 43,485
Ph: (408) 736-0224

Date